Physical Activity Policy and Program Development: The Experience in Finland

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SYNOPSIS

This article describes the development of sports and physical activity policies and programs in Finland during the past 30 years. The past two decades have been marked by a shift in emphasis from competitive and elite sports to health-enhancing physical activity for all, as seen most clearly in two successive sports acts and a government resolution. The new, increasingly multisectoral policies have led to substantial changes in the public funding of sports organizations, services, and construction of sports sites. Furthermore, three successive five-year national physical activity promotion programs have been launched. As a result, increased and new types of opportunities to participate in physical activity have become available, and the infrastructure and networks for provision of services have been strengthened. Until the mid 1990s, leisure time physical activity increased in Finland, but during the last seven to eight years, both leisure time and commuting physical activity have been stable. This finding may be an indication of the difficulty to increase physical activity in an industrialized country with already relatively high levels of physical activity even when systematic, long-term policies and measures are applied.

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The easily observable decrease in physical activity at work, in domestic chores, in transport, and also as part of leisure time pursuits was for a long time commonly considered a rather benign consequence of the welcomed advancement of technology. Increasing scientific evidence has shown, however, that lack of physical activity or sedentary lifestyle is a serious threat to the functional capacity, health, and well-being of individuals and populations.¹ One of the most concrete hazards of lack of physical activity is the moderately or greatly increased risk of several of the most common non-communicable chronic diseases and their precursors.2 The disadvantages of physical inactivity are increased by its high and increasing prevalence³ and concomitantly by the high population attributable risk of many chronic diseases due to sedentariness.4

Strengthening awareness of these hazards has led to initiatives to increase physical activity for health, mainly in leisure time pursuits but also in its other domains.⁵ However, it has proven difficult to place physical activity high enough on political agenda to secure sufficient support and resources for systematic long-term physical activity promotion at population level. Furthermore, results of the rather few nationand community-wide physical activity promotion programs have been modest at best.6 Obviously, more research is needed to increase knowledge of the determinants of successful physical activity promotion and of their use in practice. At the same time, description and analysis of the experiences and results of physical activity promotion in various countries and circumstances may be useful in improving chances for success. This article aims to contribute to physical activity promotion by describing the development of physical activity policies, and actions based on them, in Finland during the past three decades, and by attempting to analyze the factors that have influenced these developments and their results.

PHYSICAL ACTIVITY POLICY DEVELOPMENT

Analysis of documents related to the development of public sports policy in Finland shows that health has been one of the key social values of sports for more than 150 years.⁷ Active national sports policy and systematic planning at the state and municipal levels began in the 1960s, when the dominance of competitive sports was challenged and the value of physical fitness and health were strongly emphasized in one of the main planning documents of that time.⁸ The report requested societal support to increase sites and services for sports for all, and new organizations to promote fitness sports were established. Many municipali-

ties created positions for "sports secretaries," officials responsible for planning and administration of the municipal sports sector.

Major policy documents related to health-enhancing physical activity in Finland are summarized in Table 1. The Ministry of Education is the agency primarily responsible for sports and physical activity policy development, but the ministries of Social Affairs, Health, and Transport and Communications have also been active in this movement. Multisectoral policies have also been developed.

Education ministry policies

Stimulation and support for sports for all citizens for well-being and health were emphasized in the 1976 report of the committee preparing Finland's first Sports Act, but the committee's recommendations were not enacted as law until 1980. The Sports Act of 1980, one of the very few of its kind in the world, directed state subsidies to municipalities for salaries of "sports secretaries" and construction of sports sites as well as funds to local sports associations, to national sports organizations, and to research and international activities in this field. The law also mandated the municipalities to have an elected sports board.

Policies to increase opportunities for physical activity by disabled people, emphasizing the health benefits, were developed by a committee in 1981, 10 and these policies were renewed in a committee report in 1996. 11 One of the key proposals that also materialized was to create positions in the municipalities to plan and develop services to enable people with disabilities to participate in physical activity.

The next major document, the report of the Sports Committee, outlined the Finnish sports policy for the 1990s. The general goal was stated as "Well-being through exercise and sports—sports for all," and the committee proposed a number of measures to facilitate adoption and maintenance of a physically active lifestyle by supporting creation of services particularly at the local level. In 1995, the Ministry of Education made an important change in the criteria for funding of sports organizations by increasing the weight of activities to promote sporting activities for youth and health and fitness-related sports. This change in funding policy clearly increased the interest of the sports organizations to promote non-competitive sports and physical activity for young and adult people.

The second Sports Act, effective in 1999, continued and increased emphasis on the value of health by stating its main purpose as promoting physical activity and sports and related civic activity to facilitate population health and well-being and to support young

Document	Main content
Education (sport) sector Report of the planning section of the State Sports Council 1970°	Recommendations to improve opportunities for fitness sports
Sports Act Committee 1976 ^b and the first Sports Act 1980	Increased emphasis on sports for all for fitness and health; increased resources for these purposes
Committee on Sports for People with Disabilities 1981 ^c and 1996 ^d	Increased opportunities and services for sports for health
Sports Committee 1990° Change of criteria for state subsidies to sports organizations 1995	Increasing emphasis on health and fitness as goals of sports for all based on scientific evidence; increased support to local level More weight to health, fitness, and youth sports
Second Sports Act 1999	Main purpose to promote physical activity and sports to facilitate population's health and well-being and to support young people's growth and development
Change of criteria for state subsidies for construction of sites for exercise and sports 2001 ^f	Priority to sites serving ordinary people in their daily environments
Health sector National plans to develop health education 1983 ⁹	Physical activity included as a health habit to be promoted
Report of the Ministry to the parliament on health policy 1985 ^h and Health for All by the Year 2000 1986 ⁱ	Recommendations to increase and improve opportunities for health- enhancing physical activity in daily environments
Report of a working group on promotion of healthy physical activity habits 1987, ^j included later also in the report of the Sports Committee ^e	Extensive recommendations to promote health-enhancing physical activity on and by the health sector
The Action Plan for Promoting Finnish Heart Health 1998 ^k	Physical activity one of the key areas
National recommendations for the local promotion of health-enhancing physical activity 2000 ¹	The multisectoral guidelines were developed on the basis of the recommended actions of the Action Plan above
Government resolution on the Health-2015 national public health program 2001 ^m	Physical activity included as one of the action areas
National program for promotion of work ability and counteract aging ⁿ	Physical activity promotion at work sites and during leisure time and its use in rehabilitation
Transport sector Policy and action plan on cycling promotion 1992°	Goal to double cycling in seven years, health one important argument
Renewed policies for promotion of cycling ^p and walking ^q in transport	

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Table 1 (continued). Major policy documents related to health-enhancing physical activity in Finland

Document	Main content
Multisectoral policy Government resolution on health- enhancing physical activity promotion 2002'; inclusion of promotion of physical activity in government programs	Commitment of all ministries in the government to promote physical activity for health

^aSecond partial report of the Planning Section of the State Sports Board. Helsinki; 1970.

Health for All by the Year 2000. Long-term Program of Finnish Health Policy Development. Helsinki: Sosiaali- ja terveysministeriö; 1986. Promotion of Healthy Physical Activity Habits. Helsinki: Lääkintöhallitus (National Board of Health); 1987.

^kMinistry of Social Affairs and Health. Consensus statement and action plan for promoting Finnish heart health. Helsinki: Ministry of Social Affairs and Health; 1997. p. 27.

Ministry of Social Affairs and Health. Summary of national recommendations for the local promotion of health-enhancing physical activity. Publication 2000:1. Helsinki: Ministry of Social Affairs and Health; 2000.

^mGovernment resolution on the Health-2015 national public health program. Julkaisuja 2001:4. Helsinki: Sosiaali-ja terveysministeriö; 2001

ⁿActions for maintenance and improvement of work ability in the Finnish work sites in 2001. Helsinki: Työterveyslaitos ja sosiaali- ja terveysministeriö; 2002.

°Finnish cycling policy. Helsinki: Liikenneministeriö; 1993.

PNew vigor to cycling. A proposal for Finnish cycling policy. Liikenne- ja viestintäministeriön julkaisuja 5/2001.Helsinki: Liikenne- ja viestintäministeriö; 2001.

^qWalking to be included as part of transportation policy. A proposal for Finnish walking policy. Helsinki: Liikenne- ja viestintäministeriö; 2001

'Government resolution on directions for development of health-enhancing physical activity). Sosiaali- ja terveysministeriö, Esitteitä 2002:2. Helsinki; 2002.

peoples' growth and development.¹³ On the basis of the act, the Ministry of Education decided to direct, over a five-year period, a major proportion of state support for the construction and maintenance of sites for physical activity to sites serving ordinary people in their daily environments (e.g., small parks, playgrounds, and cycle paths).¹³ This change in funding policy led to increased opportunities for regular physical activity in Finns' daily living environments.

Health sector policies

Finland's health sector has taken a strong position on physical activity since the 1980s. Physical activity as a health-enhancing factor was included in the "healthy living habits" promoted in national plans to develop health education,¹⁴ in the Health Ministry's report to the parliament on health policy in 1985,¹⁵ and in the national health program's *Health for All by the Year 2000* report published in 1986.¹⁶ Key recommendations of these documents were to increase the availability of recreational areas and walking and cycling paths, and to develop land use and community planning to provide opportunities for all population groups to participate in daily physical activity in their own environments. In 1987, the health sector took a more active role for the first time, when a working group developed extensive recommendations to promote healthenhancing physical activity.¹⁷ These recommendations were included in the report of the Sports Committee of 1990.¹² The official health sector enlarged its role

^bReport of the Committee on Sports Act. KOM 1976:87. Helsinki 1976.

^cPhysical Activity for the Special Groups. Helsinki: Komiteanmietintö 1982.

^dReport of the Committee on Physical Activity of the Special Groups. Helsinki: Komiteanmietintö; 1996.

^eSports Committee: Directions of Finnish sports policy in the 1990s. Helsinki: Komiteanmietintö; 1990.

Directions for Construction of Sites for Physical Activity and Sports. Valtion liikuntaneuvosto/Rakentamisjaosto, Helsinki; 2001.

⁹Plan for Development of Health Education in the Years 1984–1988. Lääkintöhallituksen julkaisuja, sarja Tutkimukset 2/1983. Helsinki; 1983.

^hParliament Debate on the Government Report on Health Policy. STM, Helsinki; 1985.

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from working only inside the health care system to collaborating with other sectors within the community at large with the beginning of the Fit for Life program in 1994, and the Ministry of Social Affairs and Health's increasing interest in physical activity was clearly demonstrated by its principal role in developing the government resolution on Health-Enhancing Physical Activity in 2002.¹⁸

The Action Plan for Promoting Finnish Heart Health (1997), 19 which focuses on physical activity as one of its key issues, is another example of extensive collaboration to promote health-enhancing physical activity. This plan also demonstrates the increasing interest of various non-governmental organizations, particularly public health organizations, to promote health-enhancing physical activity. One product of the Action Plan was recommendations for promotion of health-enhancing physical activity at the local level.²⁰ Also, the most recent national health policy document, Health 2015,21 includes physical activity as one of its action areas. In addition, physical activity has a visible role in the national program aimed at finding means to counteract the effects of aging and to maintain work ability in the Finnish population.²²

Transport sector policies

Finland's transport sector has also been active in developing policies to increase physical activity. In 1992, the Ministry of Transport and Communication published a program whose goal is to double the number of cycled trips made by Finns in seven years by improving the conditions for cycling.²³ The attainable health and fitness benefits were among the main arguments to justify the necessary investments. Recently, the Ministry renewed a cycling policy²⁴ and a walking policy²⁵ with an accompanying research program aimed at further development of measures to increase walking and cycling.

Multisectoral policies

The latest development, the 2002 passage of the Government Resolution on Health-Enhancing Physical Activity by the State Cabinet, 18 can be considered a breakthrough in physical activity policy development. The resolution draws primarily from the Sports Act of 1999, but also from two other laws. The Constitution of Finland secures such rights as education for all, and these rights include physical activity. The Municipal Act states that municipalities have the obligation to promote the well-being of all residents, and one of the means for doing so is physical activity. The committee preparing the resolution proposed many measures to increase physical activity explicitly for health, 26 and

the resolution expresses the commitment of all ministries in the Finnish government to promote physical activity for health. The resolution includes principles that emphasize collaboration among government sectors, increased consideration of physical activity in land use and environmental planning, inclusion of physical activity as an explicit part of municipal wellness policy, and increased research and education related to healthenhancing physical activity. An advisory committee was appointed to steer and monitor the resolution. The next step, currently under preparation, is to plan a national strategy for promotion of healthenhancing physical activity in Finland. Issues related to promotion of sports and exercise for well-being and health are also included in the program of work for the current government.

Parallel to the increasing significance the Finnish government has placed on health-enhancing physical activity, corresponding development has taken place in the non-governmental sector. The new strategy of the Finnish Sport Federation for the years 2003–2005 includes recreational and health-enhancing physical activity for adults as one of its core areas of action. Similar development is seen in the plans and functions of many member unions of the Federation. Many public health organizations, including those devoted to fighting rheumatic, cardiovascular, respiratory, and mental diseases, diabetes, and osteoporosis, have also given increasing weight to physical activity in their prevention and rehabilitation programs and have collaborated with sports organizations at national and local levels.

MEASURES AND ACTIONS

These policies have led to various measures and actions, the most visible of which are three consecutive national physical activity promotion programs. In addition, the policies have increased education, training and information, research, and services related to physical activity.

The first physical activity promotion program, Finland on the Move 1991–1994,²⁷ was developed based on the recommendation of the Sports Committee.¹² The program was launched to develop, improve, and increase appropriate conditions and services for exercise and sports at the local level, particularly through the joint work of civic organizations and municipal (sport, health, and school) authorities. The strategy was to support local projects initiated by local ideas and resources. The projects were chosen on the basis of competitive applications. The support consisted of partial funding ("seed money"), authorization (the

projects were carried out under the auspices of the Finland on the Move program and project network), training and consultation on various aspects of sports and exercise promotion, and availability of information services (materials, news, and experiences of other projects via printed materials and conferences.). Total costs of the four-year program were about \$2 million U.S. dollars, with about \$1.2 million granted to 94 projects throughout Finland addressing various aspects of physical activity promotion (e.g., many population groups, development of services and environments for different activities in various settings).

On the basis of increased awareness of the importance of physical activity for health, and of the favorable experiences of the Finland on the Move program, the ministries of Education and of Social Affairs and Health jointly launched a new national program, Fit for Life.²⁸ The Finnish Social Insurance Institute co-funded the program. One background factor for launching the program was quite intensive evidencebased advocacy for health-enhancing physical activity, most concretely in the form of a book commissioned by the Ministry of Education revealing the social foundations of physical activity, exercise, and sports.²⁹ An attractive lay version was distributed widely to national and local policy makers.

The goal of the Fit for Life program was to increase the number of regularly active middle-aged subjects by 10% in five years (double the long-term trend). The basic strategy and approaches were largely the same as in the previous program. The emphasis was on promotion of regular physical activity among previously sedentary people through local projects. Competition for the "seed money" twice a year was open to all. Criteria for evaluation of the projects included creative concept, collaboration with several partners, the size of the target group, and secured funding and other necessary resources. The main content of most projects was various practical means to encourage and support physical activity among existing or newly formed groups. The partners included, in various combinations, municipal sports and health authorities, sports clubs, employers, occupational health services, private enterprises in the fitness and health fields, associations of unemployed persons and persons with disabilities, and mass media. The program supported more than 400 local projects throughout Finland, averaging between \$1,500 and \$3,000 U.S. dollars per project.

Based on the favorable experiences of the first five years of the Fit for Life program, it was extended for another five years beginning in 2000. In addition to the previous partners, the program is now sponsored by the Ministry of Transport and Communication, the Ministry of the Environment, and the Board of Forestry. The total amount of funding has slightly increased, and the target population has been extended to cover all persons over 40 years of age. The strategies and approaches remain much the same as before, but now include more emphasis on increasing and improving the environmental conditions for physical activity, creating a permanent network of services supporting engagement in various types of physical activities, and increasing "lifestyle" physical activity in transport, domestic chores, and other aspects of daily life in addition to the more structured exercise and sports. A corresponding program, Young Finland, has been created to promote non-competitive sports among children and young people.

The latest practical measure in promoting healthenhancing physical activity is the Movement Prescription Project, based on an idea that has proven successful in New Zealand.³⁰ Its aim is to encourage physicians to prescribe physical activity to their patients using the same principles and practices as in prescribing medications. Currently, only a small minority of physicians give written instructions to their patients,³¹ and only a small proportion of the working-aged population reports to have received advice from health care personnel to be more physically active.³² On the other hand, about 80% of Finns consider health care professionals as a reliable source of information regarding physical activity and health,33 and among elderly people, advice from a physician to be active was found to increase the likelihood to become physically active fiveto six-fold.³⁴ The Movement Prescription Project is supported by the Ministry of Social Affairs and Health, the Finnish Medical Association, and the major public health organizations, and it is conducted by the leading research institutes in the field. Initial experiences from the program have been positive.35

POLICY AND PROGRAM EVALUATIONS

Physical activity policies and programs in Finland have been evaluated in different ways in several reports and studies (Table 2). The effects of the first Sports Act were evaluated in several reports. In general, the law was found to have had various positive effects, especially on the municipal sports sector. The law strengthened the status and stability of sports, improved planning, and increased resources. It also had a positive influence on the status and resources of local sports associations, but its influence on participation in sports and exercise could not be assessed reliably.⁷

In Finnish sports policy, construction and mainte-

Table 2. Evaluations of Finland's policies and programs related to health-enhancing physical activity

Object of evaluation	Main findings
First Sports Act, Juppi 1995 ^a	Summary of several evaluations; status, stability, and resources increased, planning and division of tasks improved, effect of participation in sports and exercise not known
Quantity and quality of sites and related services, Suomi 2000 ^b	Availability, accessibility, and affordability to various population groups rather good except persons with disabilities
Quantity and quality of outdoor recreation sites and connected services, Suomen Latu 2002°	Number of sites rather sufficient, need to improve condition, quality, and marketing
Perceptions of the success of the public physical activity promotion actions, Ståhl and Kannas 2002 ^d	Policies perceived by the people as at least satisfactory
Finnish policy on health promotion, international group of experts 2002 ^e	Physical activity promotion not mentioned
Research related to sports and exercise, international group of experts 2003 ^f	Health-related research very good from both scientific and practical point of view
Policy and actions promoting cycling recommended in the program of 1993, working group 1999 ⁹	Great part of the recommended measures had materialized or were progressing; substantial decrease of fatal accidents; effect on amount of cycling not known
Finland on the Move promotion program, Pyykkö et al. 1995 ^h	Favorable results (support of local ideas and actions by "seed money" and other means, networking, multisectoral actions, etc.); effect on participation in physical activity not known
Fit for Life program, Anttila 1999 ⁱ and Helakorpi et al. 2000 ^j	Favorable and important experiences, the goal of increased participation in the target population was met
Action Program for Finnish Heart Health, Reunanen 2003 ^k ; Recommendations for local promotion of health-enhancing physical activity	Substantial progress in the direction of the recommended actions especially concerning physical activity; the recommendations for local promotion of physical activity were rather poorly known; influence on physical activity not known

^aJuppi J. Public sport policy in Finland from the viewpoint of state administration in 1917–1994. Doctoral thesis. Studies in Sport, Physical Education and Health 36, University of Jyväskylä; 1995.

^bSuomi K. Equality of use of sites and their services for recreational physical activity. Jyväskylä: Jyväskylän yliopiston Liikunnan kehittämiskeskuksen julkaisu; 2000.

^cConditions for outdoor recreation in Finnish communities. Final Audit Report 2002. Suomen Latu, Helsinki; 2002.

^dEvaluation of physical activity promotion measures by the adult population in Finland. Sosiaalilääketieteellinen Aikakauslehti–Journal of Social Medicine 2002:39;172-83.

eWorld Health Organization. Review of national Finnish health promotion policies of 1990s. Copenhagen: World Health Organization; 2002

Evaluation of sports and exercise medicine and biology research in Finland. Helsinki: Reports of the Ministry of Education 3; 2003.

⁹Follow-up report of cycling policy 1997–1998. Liikenneministeriön mietintöjä ja muistioita B 4/99. Liikenneministeriö, Helsinki; 1999.

^hPyykkö M, Paronen O, Oja P, Vuori I. Finland on the Move. Summary report. Forssa: UKK Institute for Health Promotion Research; 1995.

Anttila R. Evaluation of the Fit for Life program. Jyväskylä: Liikunnan ja kansanterveyden edistämissäätiö; 1999.

^jHelakorpi S, Uutela A, Prättälä R, Puska P. Health behaviour and health among Finnish adult population, Spring 2000. Publications of the National Public Health Institute B8/2000, Helsinki; 2000.

^kProgram for promotion of Finnish Heart Health. Evaluation of implementation. Suomen Sydänliiton julkaisuja 2003:1, Helsinki; 2003.

nance of sites for sports, exercise, and physical activity have a prominent role. The Central Registry includes information on about 30,000 sites (i.e., one site for every 176 citizens). Most of these sites are built, owned, and maintained by municipalities, often partially funded by the state. A study aimed at evaluating the availability of sports sites for the adult population reports that the most numerous, most used, and most popular sites are those for outdoor activities, especially walking and cycling paths either as part of the transportation system or as separate paths, which are used by at least nine out of 10 Finns for recreational activity.36 The most popular indoor facilities are swimming pools (one for every 18,000 citizens, used actively by 70% of the population). About two-thirds of the population (71% of men, 61% of women) report that they can engage in physical activity as much as they want in terms of available sites, while one-third report some obstacles. The type or location of residence was not a factor, and income and socioeconomic status only slightly influenced opportunities to use sports sites. Long distances to sites were reported by 8%, lack of sites by 7%, and lack of money by 4% as obstacles to participating in sports and exercise. Twothirds of persons with diseases or disabilities affecting participation in sports reported obstacles in the use of sports sites. The condition of the sites was considered as good or very good by the large majority of the responders. These data suggest that the policies related to construction and maintenance of sports sites have been quite successful in terms of availability, accessibility, acceptability, and affordability to various population groups with the clear exception of persons with diseases and disabilities.

An interesting method was used to evaluate the quantity and quality of the sites for outdoor exercise and recreation in the Finnish municipalities.³⁷ The leading civic organization in this field trained a number of its experienced members as "consultants," who reviewed relevant documents and inspected the sites during one day with the responsible civil servants of the municipality. In the evenings, public meetings were held to discuss the related issues. The consultants generated a structured report of the observations and discussions and included recommendations for improvements. The reports were sent to the municipal board and responsible authorities. The main findings of this user-based evaluation were that the number of sites is sufficient in agreement with the results of the study cited above, but there is an obvious need to improve the condition, quality, information, and marketing of the outdoor recreation sites. The evaluation increased awareness of the local outdoor recreation

issues and increased communication and cooperation among the different parties. Altogether, more than 2,000 municipal officials and about 5,000 citizens participated in the approximately 400 inspections.

A recent study using a regional population sample examined adults' perceptions of the success of the public physical activity promotion actions.³⁸ A great majority, 75% or more, agreed with the statement that there are many possibilities in the vicinity of the responder's residence to be physically active and that sports clubs and other organizations offer many possibilities for physical activity.³⁸ Contrary to the study cited above, the less educated and those living in rural areas perceived the possibilities for physical activity in their vicinity less favorably than the more educated and those living in urban areas. About 70% disagreed with the statement that the municipality does not create sufficient opportunities for physical activity. About 60% of the responders agreed with the statement that the state, municipalities, and other authorities should offer more programs for promotion of physical activity. About 70% reported that they have enough information on measures promoting physical activity. Overall, the findings of this study indicate that policies promoting physical activity in Finland are perceived by the population as at least satisfactory.

In the health sector, the Finnish policy of health promotion was evaluated by an international expert group.³⁹ The report focused on general aspects, but did not address physical activity as a separate issue. The policy and activities of research related to sports and exercise were also evaluated by an international expert group, 40 which concluded that the general level of research was very good. The expert group recognized some excellent research achievements of both international and national significance from both the scientific and practical point of view. In the transport sector, follow-up examination of the policy and action program promoting cycling found that many of the recommended measures had materialized or were progressing.41 An important result was the substantial decrease of lethal accidents, evidently due to improved cycling conditions. The effects of the program on the amount of cycling by Finns could not be assessed reliably, but cycling was shown to have increased substantially in several municipalities that improved conditions for cycling.

Finland's national physical activity promotion programs have also been formally evaluated. Evaluation of the Finland on the Move program found that the experiences were highly positive.27 Competition for the seed money and authorized status created numerous local ideas and initiatives corresponding to the

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needs, expectations, and resources of that location, and the seed money had great direct (enabling) and indirect (status, mandate, credibility) effects. The evaluation provided practical evidence that tailoring, consumer-orientation, and common goals are important conditions for success. The requirement of joint work forced various parties to collaborate, very often for the first time, and this way of working was considered very fruitful. It became evident that although broad civic activity is the backbone of exercise and sports promotion, some level of permanent (and paid) work force (e.g., municipal employees) is necessary for continuity, coordination, and leadership of the project. The program, carried out during deep economic recession with decreasing public resources in the sports sector, also reinforced the fact that municipalities must be responsible for the creation and maintenance of the basic requirements for exercise and sports. It was not possible to reliably assess whether and how many persons adopted permanent exercise habits as a result of the program.²⁷

Evaluation of the first three years of the Fit for Life program showed again that grass-roots projects based on local ideas and knowledge of local values, needs, expectations, possibilities, and limitations were the most successful.²⁸ No generally applicable "model" for an effective project could be identified. A key factor for success was motivated, committed individuals in charge of the projects. General information from the central or regional level was less effective than information prepared and distributed by the local participants. Mass media campaigns were considered rather ineffective in motivating people. On the other hand, the projects had high expectations on visibility via media attention, and after five years, more than onethird of Finnish men and about half of Finnish women in the target population were aware of the program.⁴² Very important results of the program have been development of real collaboration among many traditional and new partners, such as between municipal authorities and civic organizations on sports, work sites, health, education, planning, transport, and other fields, and lively networking between the projects. One interesting finding was that a large proportion of the project leaders perceived the evaluation was a control measure and felt suspicious about it. After the first three years, about 6% of Finns belonging to the target group had participated in Fit for Life activities, and the projects estimated that 30% to 50% of them were previously sedentary. The proportion of people exercising less than once a week had decreased by 3%.28 After five years, about 4.5% of men and about 10% of women 35 to 64 years of age reported that they had

participated in activities organized by the Fit for Life program.⁴² These findings indicate that the program met its goals.

Evaluation of the Action Program for Finnish Heart Health found clear progress in the direction of the program's recommended actions. 43 The most concrete result was the development of recommendations for promotion of health-enhancing physical activity at the local level and their wide distribution by the Ministry of Social Affairs and Health.²⁰ A study on the knowledge and influence of these recommendations in municipal health care centers revealed that more than a quarter of physiotherapists, but only 13% of physicians and 10% of nurses, had read at least the main content of the recommendations. About one in seven of these health care professionals reported that the recommendations had caused changes in their patient counselling. These figures were much smaller than the corresponding figures related to recommendations on prevention and treatment of adult onset diabetes and osteoporosis that were launched at the same time.44 The Action Program's effects on participation in physical activity could not be assessed.

PARTICIPATION IN PHYSICAL ACTIVITY

The ultimate goal of the physical activity promotion policies, measures, and programs is to increase physical activity in the Finnish population. Interim measures of success or failure are the changes in the determinants of physical activity that influence the willingness or motivation (e.g., values, norms, attitudes, knowledge, awareness, expectations, experiences, and perceptions related to physical activity), abilities (e.g. skills, perceived competence), and opportunities (e.g., sites and services) for involvement.

Repeated surveys of representative population samples indicate that participation in recreational physical activity has increased in Finland among young, 45-47 working aged, 48,49 and elderly 50 people during the past two decades (Table 3; Figure 1), but walking and cycling in commuting have decreased (Figure 2). The data are based on self reporting and may not be accurate in absolute terms, but answers to the same questions presented repeatedly to independent, sufficiently large samples (several thousands in all surveys) and acceptable response rates (always more than 70%) are sufficiently reliable to reveal the trends. However, the increase in leisure time physical activity (Figure 1) may result to some degree from respondents' increasingly counting walking as exercise. Since the late 1980s, walking has been advocated intensively to meet the requirement of health-enhancing physical activity.

Table 3. Levels and trends of participation in leisure time physical activity in Finland

Reference	Main findings
Children and young people	
Hämäläinen et al. 2000 ^a Nuori Suomi 2002 ^b	Vigorous activity at least 4 times a week: 40% among males; 27% among females. Trend: in 1995 76%, in 1997–1998 84% and in 2000–2001 92% of children and young people (3 to 18 years) participated in sports and exercise, trend similar in males and females and in all age groups. Similar trends from 1986 to 1998 (47) and from 1997 to 1999 (45).
Young and working aged people	
Helakorpi et al. 2002, c 15-64 years, mail survey	At least 30 min. of moderate activity 4 to 7 times a week: 27% of men, 30% of women. At least 2 times a week: 62% of men, 66% of women.
Suomen Kuntourheiluliitto 2002, ^d 19–65 years, telephone interview	Minimum duration of session not specified: at least 4 times a week, men 42%, women 41%; at least 2 times a week, men 80%, women 78%. Brisk or strenuous activity at least 3 times a week: men 49%, women 58%.
Niemi and Pääkkönen 2001, detailed time budget by diary, 10–64 years	Physical activity and active outdoor recreation among men: 44 min. a day, increased by 4 min. from the end of 1980s; in women correspondingly 35 min. a day and 8 min. increase
The elderly	
Sulander et al. 2001, mail survey, 65–84 years	Walking outdoors at least 4 times a week at least 30 min. at a time: 66% of men, 61% of women; 29% of men and 25% of women have also some other activity at least 4 times a week. No change in walking but 4% unit increase in participation in other activities from 1993 to 2001

^aHämäläinen P, Nupponen H, Rimpelä A, Rimpelä M. Adolescent health and lifestyle survey: trends in physical activity of adolescents aged 12–18 years. Liikunta ja tiede 2000;6:411.

It is impossible to conclude with any certainty what effect the applied policies and measures have on the observed trends. International comparisons of trends from the same time period could be helpful, but appropriate data are very scarce. They suggest mainly a decreasing trend or no change in leisure time physical activity.2 Cross-sectional data indicate that Finnish people participate in leisure time activity more than the citizens of most other European^{51,52} or other² countries, but these comparisons have to be made with caution because of the possible biases caused by assessment methods.^{53,54} What the data from Finland do suggest, however, is that even systematic, long-term policies and programs in a population with traditionally favorable attitudes toward physical activity have not been able to increase the already relatively high (but probably not ceiling) levels of participation in leisure time physical activity or in physical activity levels associated with commuting. It may be that increasing opportunities and temptations to choose physically passive alternatives in domestic chores, commuting, and leisure time pursuits would have led to decreased participation in physical activity without the applied policies and measures.

DISCUSSION

Review of the policies and programs aimed at promotion of sports, exercise, and physical activity in European countries as a function of the European Network for Health-Enhancing Physical Activity reveals that Finland has been one of if not the most active country in

^bNuori Suomi. Physical activity among young people, a survey. Helsinki: SLU: Julkaisusarja 4/02; 2002.

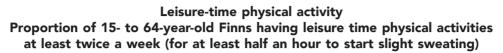
^cHelakorpi S, Patja K, Prättälä R, Aro A, Uutela A. Health behaviour and health among Finnish adult population. Helsinki: National Public Health Institute; 2002.

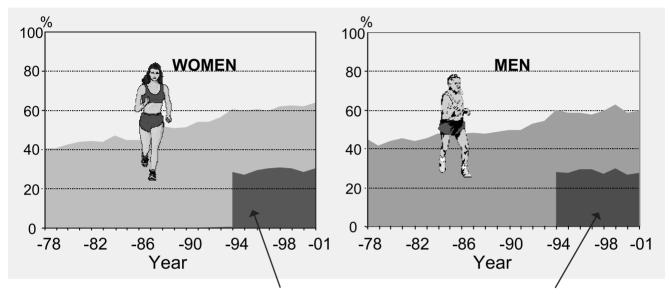
^dSuomen Kuntourheiluliitto. Physical activity among adults, a survey. SLU: Julkaisusarja 5/02, Helsinki 2002.

^eNiemi I, Pääkkönen H. Time use changes in Finland in the 1990s. Helsinki: Tilastokeskus, Kulttuuri ja viestintä; 2001.

⁶Sulander T, Helakorpi S, Nissinen A, Uutela A. Health behaviour and health among Finnish elderly, spring 2001, with trends 1993–2001. Helsinki: National Public Health Institute; 2001.

Figure 1. Self-reported leisure-time physical activity from 1978 to 2002 among 15- to 64-year-old Finnish women and men





Proportion of persons having leisure-time activities at least 4 times a week

SOURCE: Annual surveys of the Public Health Institute, Finland.

Europe in this area. Several factors can be found to explain this observation. In Finland, sports have been an important and highly valued part of the culture in the entire population since the beginning of the 20th century. Physical education in schools has been mandatory for both boys and girls for more than 160 years. Close relationships have been formed among sports and sports organizations and politics and politicians at the national and local levels. Funding of sports has been well secured since the 1940s based on the national sports lottery funds. Education and research related to sports, exercise, and physical activity have been relatively intensive, especially since the 1970s. Thus, various opportunities and resources for policy development and implementation have been available.

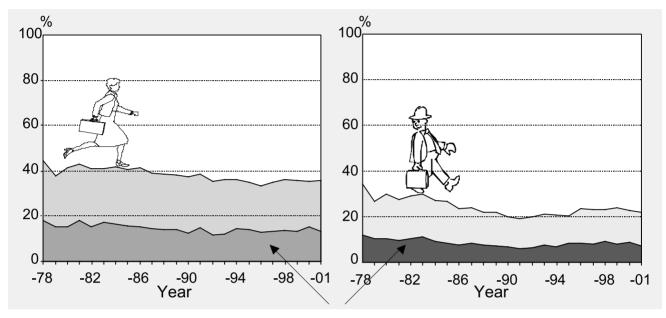
Prior to the 1980s, the policies primarily served the interests of competitive and elite sports, but during the last two decades, increasing emphasis has been placed on policies and programs for promotion of exercise and sports for all, and since the 1990s, policies have focused on physical activity in daily life. Total resources for sports at the national and municipal

levels have decreased, especially during the years of economic recession in the early 1990s. This situation actually led the public and private sports sectors to seek arguments for sufficient social significance to justify state and municipal funding and other means of support. This need was increased by factors that did not favor societal funding of sports (e.g., doping, violence, and professionalization). At the same time, the evidence base for the health and other socially important benefits of sports, exercise, and physical activity had reached sufficiently high credibility to convince the key policy and decision makers in health and other sectors, and this evidence has been used intensively to advocate for physical activity.

Thus, the favorable development of policies and programs to promote health-enhancing physical activity in Finland can be attributed largely to four factors: (1) strong tradition and high respect for sports, as well as wide participation in various modes of physical activity among the whole population; (2) close links between sports, politicians, and politics; (3) economic and credibility crisis of sports as a circumstantial factor

Figure 2. Self-reported walking and cycling in commuting to work from 1978 to 2002 among 15- to 64-year-old Finnish women and men





Proportion of persons taking at least half an hour per day to travel to and from work walking or cycling

SOURCE: Annual surveys of the Public Health Institute, Finland.

at the time of national economic recession; and (4) simultaneous existence and intensive use of reliable evidence of the health and other important benefits that sports, exercise, and physical activity can offer in realizable ways for individuals, populations, and the society as a whole.

What lessons from the Finnish experience could be potentially useful in other circumstances?

- Policies are necessary for long-lasting and wideranging actions.
- Policies are political agreements, and therefore sports have to be on political agendas and supported by politicians.
- Evidence of benefits is increasingly important in policy and decision making, and must be used effectively for communication and advocacy.
- Various domains of sports can or can be made to support each other, although they often compete with each other.

- Administration and organizations at the national level are needed to ensure sufficiently high political commitment, visibility, leadership, and supporting functions such as research, education, and distribution of information.
- Participation in sports takes place at the local level. Therefore, municipalities and local organizations are the primary partners to be supported and strengthened.
- Stable professional municipal leadership is necessary for sustained maintenance and development of sports sites and services for all.
- Multisectoral collaboration at both national and local levels is necessary to provide opportunities for physical activity in all its domains for various population groups.
- Civic organizations, particularly those in the sports and public health fields, are nearest to the people, and they should play key roles in carry-

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ing out the practical work of physical activity promotion.

In summary, Finnish sports policies have undergone a major shift in the past three decades, from emphasis on competitive and elite sports to a focus on physical activity emphasizing well-being, fitness, and health for all as its main goals. This change has included a shift from policies restricted mainly to the sports sector to multisectoral policies. These changes have led to corresponding actions that have increased and improved the sites, services, and programs for ordinary people to use sports for their well-being and health. One fundamental background factor for this development has been the long tradition of sports among the Finnish people, as reflected in positive attitudes, expectations, experiences, and wide participation in national and local sports organizations. A second factor has been continuing political support at both national and local levels. This has made sports politically visible and led to stable funding of sports administration, construction, and organizations, again at both national and local levels. A convincing proof of the high political status of sports is the first Sports Act. The shift of emphasis from competition to well-being and health as the main goals of adult sports, and to growth, development, and recreation in youth sports can be traced to at least four factors: (1) severe economic recession that threatened to deteriorate the strong framework of sports described above; (2) negative phenomena connected to elite sports, leading to reluctance to support it from societal funds; (3) increased evidence of the many and sizable benefits of physical activity for the aging and urbanized population; and (4) effective use of this information to advocate for sports. Implementation of the policies has led to increased and new types of opportunities for health-enhancing physical activity in all its domains and strengthened the infrastructure and networks providing services in the field. Until the middle of the 1990s, leisure time physical activity increased, but during the last seven or eight years, both leisure time and commuting physical activity have been stable. This finding may be taken as an indication of the difficulty to increase physical activity in an industrialized country, where the level of activity is already relatively high.

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